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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/563,026			ing Date 30/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)									OTHER THAN SMALL ENTITY OR SMALL ENTITY				
	FOR	NU	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A		1	N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A		l	N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A			N/A		ı	N/A		
TO (37	FAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ =		OR	x \$ =		
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 = *					x \$ =			x \$ =		
APPLICATION SIZE FEE sheets of paper, is \$250 (\$125 fo additional 50 she					ion and drawings exceed 100 r, the application size fee due for small entity) for each heets or fraction thereof. See )(1)(G) and 37 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL			TOTAL		
APPLICATION AS AMENDED - PART II  OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY													
AMENDMENT	06/22/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	· 22	Minus	<b>+</b> 25		= 0		X \$26 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 2	Minus	3		= 0		X \$110 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus	**		=		x \$ =		OR	x s =		
	Independent (37 CFR 1,16(h))		Minus	***		н		x \$ =		OR	x s =		
	Application Size Fee (37 CFR 1.16(s))												
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 80, enter" 20".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "2".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 10, enter "20".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 10, enter "20".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 10, enter "20".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 10, enter "20".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Number Prevously Paid For IN THIS SPACE is less than 3, enter "3".  If the "Highest Numb													

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a besteff by the public which his lost figured by the USFTO to monoceasil an application. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in table 22 annuates to complete, another ingolates properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS